# CONTRAINDICATIONS for Whole Body Vibration Machine.

**Precautions**
If any of the items listed below apply to you be certain to **consult with your physician** before using Whole Body Vibration Machine:

- Pregnancy
- Acute Thrombosis
- Serious Cardiovascular Disease
- Pacemaker and Implantable Cardioverter Defibrillator
- Recent Wounds from an Operation or Surgery
- Artificial Joints (recent)
- Recently Placed IUD's, Metal Pins, or Plates
- Acute Hernia, Discopathy, or Spondylosis
- Type I Diabetes
- Epilepsy
- Vertigo and neurologic conditions that affect balance
- Severe Migraines
- Tumors (cancerous)
- Retinal Detachment, Known Retinal Conditions
- Head Injuries, Known Neurological Conditions
- Pulmonary Embolism
- Poor Samato Sensory Receptor on Feet Planar Surfaces

**Warning:**
Read and follow all instructions and warnings and obtain proper instruction prior to using this equipment. Please consult a physician or physical therapist before using any whole body vibration machine you suffer from any of the conditions listed above. This device may not be suitable for all users. Strong vibration affecting the neck and head can occur when using positions other than standing, consulting a physician for approval is recommended. Failure to use appropriate caution could result in serious injury. Misuse of this machine may result in serious injury. Keep children away from this equipment. User weight must not exceed 350lbs. Failure to follow these safeguards may result in serious injury or health problems. If you do not have a User's Manual call us to obtain one.

**Caution:**
Stop exercising if you feel pain, faint, dizzy, or short of breath. Do put head in extreme extension when using this device. As with any exercise regime - start slow, use slower speeds and less exercise time and work you way up. You may notice moderates speed centers are more tolerable than extremely low or high settings. Do not use for more than 30 minutes per session, especially if only using the basic positions, to be prevent an overuse injury.

**I have read the above disclaimer (including cautions and contraindications for the use of (Whole Body Vibration Machine) and I agree that I am not currently suffering with any of the above mentioned contraindications. I have read the recommendation sheet.**

**I have had the opportunity to ask any questions about its content, and by signing below I agree to release LymphPurify, CoveWellness, and Wellness Equipment Inc, from any liability in connection with the use of the Whole Body Vibration Machine.**

The Undersigned will inform the contraindication to everyone using the Whole Body Vibration Machine. .

**Company name** _____Date _____

**Address** _____

**City** _____**State** __ **Zip Code** _____

**Contact name** _____

**Authorized Signature** _____

**Print Name** _____